

<i>SERFF Tracking Number:</i>	<i>UHLC-126408772</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>44274</i>
<i>Company Tracking Number:</i>	<i>WB25123ST</i>		
<i>TOI:</i>	<i>MS05G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS05G.001 Plan A</i>
	<i>Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement eBRC /WB25123ST</i>		

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Medicare Supplement	SERFF Tr Num: UHLC-126408772	State: Arkansas
TOI: MS05G Group Medicare Supplement - Standard Plans	SERFF Status: Closed-Filed-Closed	State Tr Num: 44274
Sub-TOI: MS05G.001 Plan A	Co Tr Num: WB25123ST	State Status: Filed-Closed
Filing Type: Advertisement		Reviewer(s): Stephanie Fowler
	Authors: Michelle Ambach, Michelle Richart	Disposition Date: 01/05/2010
	Date Submitted: 12/07/2009	Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:

## General Information

Project Name: Medicare Supplement eBRC	Status of Filing in Domicile: Pending
Project Number: WB25123ST	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 01/05/2010	Explanation for Other Group Market Type:
	State Status Changed: 01/05/2010
Deemer Date:	Created By: Michelle Richart
Submitted By: Michelle Richart	Corresponding Filing Tracking Number:
	WB25123ST

### Filing Description:

We enclose for your information, proof copies of advertising for use in connection with the AARP group health insurance program.

WB25123ST is the eBRC. A person will be directed to the eBRC with marketing efforts such as a search. A person can fill out their information on the form and hit submit. The 'thank you' page (WB25123ST) will appear, that will confirm all of their information has been submitted successfully and an information kit will be mailed to the address they had supplied.

SERFF Tracking Number: UHLC-126408772 State: Arkansas  
Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 44274  
Company Tracking Number: WB25123ST  
TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A  
Plans  
Product Name: Medicare Supplement  
Project Name/Number: Medicare Supplement eBRC /WB25123ST

Component number WB25124ST is the legal disclosures. This will be a pop-up so when a person moves their cursor over the "important legal" statement at the bottom of the eBRC, this page (WB25124ST) will pop up.

## Company and Contact

### Filing Contact Information

Susan Cipollo, Director Susan\_J\_Cipollo@uhc.com  
680 Blair Mill Rd. 215-902-8444 [Phone]  
Horsham, PA 19044 215-902-8813 [FAX]

### Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
450 Columbus Boulevard	Group Code: 707	Company Type: Life and Health
PO Box 150450	Group Name:	State ID Number:
Hartford, CT 06115-0450	FEIN Number: 36-2739571	
(860) 702-5000 ext. [Phone]		

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$75.00	12/07/2009	32520261

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Plans  
Product Name: Medicare Supplement  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	01/05/2010	01/05/2010

*SERFF Tracking Number:* UHLC-126408772 *State:* Arkansas  
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*TOI:* MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A  
Plans  
*Product Name:* Medicare Supplement  
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## Disposition

Disposition Date: 01/05/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* UHLC-126408772      *State:* Arkansas  
*Filing Company:* UnitedHealthcare Insurance Company      *State Tracking Number:* 44274  
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*Plans*  
*Product Name:* Medicare Supplement  
*Project Name/Number:* Medicare Supplement eBRC /WB25123ST

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Form</b>	eBRC Ad	Filed-Closed	Yes
<b>Form</b>	eBRC Ad	Filed-Closed	Yes
<b>Form</b>	eBRC Ad	Filed-Closed	Yes

SERFF Tracking Number: UHLC-126408772 State: Arkansas

Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 44274

Company Tracking Number: WB25123ST

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A Plans

Product Name: Medicare Supplement

Project Name/Number: Medicare Supplement eBRC /WB25123ST

## Form Schedule

### Lead Form Number: WB25123ST

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
<b>Status</b>						
Filed-Closed 01/05/2010	WB25123S T	Advertising eBRC Ad	Initial		45.000	WB25123ST.pdf
Filed-Closed 01/05/2010	WB25124S T	Advertising eBRC Ad	Initial		45.000	WB25124ST.pdf
Filed-Closed 01/05/2010	WB25125S T	Advertising eBRC Ad	Initial		45.000	WB25125ST.pdf

## AARP MEDICARE SUPPLEMENT INSURANCE

Discover more about AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. **Call toll-free X-XXX-XXXX Code: XXX** or enter your information below to have an information package mailed to you.

### Why you may need it:

Medicare doesn't pay for all of the costs of hospital and medical care. Consider an AARP Medicare Supplement Plan to help pay for some of these costs.

### How it works:

Medicare supplement insurance plans let you keep your own doctor, specialist and hospital. They can also help limit your out-of-pocket costs during the year and your coverage travels with you throughout the U.S.

### With an AARP Medicare Supplement Plan, you'll enjoy:

- Competitive pricing
- Virtually no claim forms to file
- A range of plans — You choose the plan that fits your needs

WB25123ST

### To request information on these plans, please fill in the information below:

AARP Membership ID:  ?

\*First Name:

\*Last Name:

\*Address:

Address Line 2:

\*City:

\*State:

\*Zip Code:

\*Medicare (Part B) Effective Date:

\*Date of Birth:

Phone Number:

Email:

By providing your email address, you are agreeing to receive product information.

**SUBMIT FORM** »



IMPORTANT LEGAL | PRODUCT INFORMATION

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company, Islandia, NY for NY residents).  
**Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.**

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

## AARP Medicare Supplement Insurance Plan Disclosures

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents).

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Policy Form No. GRP 79171 GPS-1

(G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area. Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

**This is a solicitation of insurance. An agent may contact you.**

## AARP MEDICARE SUPPLEMENT INSURANCE

Discover more about AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company.

### Thank You

Your request for AARP Medicare Supplement Plan information has been submitted. You should receive the requested information by mail within 10-14 days.

If you have any questions, please call toll-free  
**X-XXX-XXX-XXXX Code: XXX.**

WB25125ST

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